

## Kentucky Thoroughbred Breeders' Incentive Fund Mare Transfer Form

Please print clearly and submit completed form by mail, fax or email to:

## **KENTUCKY HORSE RACING COMMISSION**

4063 Iron Works Pkwy, Bldg. B | Lexington, KY 40511 Ph: 859-246-2847 | Fax: 859-246-2887 | Email: kbif.khrc@ky.gov | registerkbif.com

NEW BREEDER INFORM	IATION:					
Breeder						
Street		City	State	Zip		
Phone	Fax		E-Mail			
NEW BOARDING FARM	INFORMATION: (p	rovide new location o	f the mare)			
Farm	Farm Owner/Manager					
Street(No PO Box)		City	State _	Zip		
Phone	Fax		E-Mail			
Date mare will begin boar	ding at above location	n				
NAME OF MARE	MARE'S YEAR OF BIRTH	SIRE OF MARE	COVERING SIRE	DATE OF TRANSFER		

NAME OF MARE	MARE'S YEAR OF BIRTH	SIRE OF MARE	COVERING SIRE	DATE OF TRANSFER			
AFFIDAVIT BY NEW BREEDER OR BREEDER'S AUTHORIZED AGENT. I hereby certify that the information contained in this application is accurate and complete, and I understand that any material misrepresentation or omission in this application may subject me to all applicable penalties under KRS Chapter 230, KAR Title 810, and any other applicable penalty available under Kentucky law. I certify that ownership of the above mare(s) was transferred to me, and that I am the new breeder. I certify that each foal when delivered will meet the requirements set forth in 810 KAR 7:020. I understand that failure to meet any requirement contained in 810 KAR 7:020 may subject me to the penalties contained therein and other applicable penalties provided by Kentucky statute or regulation. I agree to promptly provide any additional information requested by the commission relating to the registration or the registration(s) may be denied or revoked. If submitted by an authorized agent, then the agent, as well as the breeder, may be subject to all appropriate penalties.  QUALIFIED BREEDER OR AUTHORIZED AGENT (print name)  Signature							
For Official Use Only							
Received by: KHRC Staff							

Page \_\_\_\_\_ of \_\_\_\_